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CENTRAL FAX CENTER**JUN 25 2007****FAX TRANSMISSION****DATE:** June 25, 2007**PTO IDENTIFIER:** Application Number 10/733,789-Conf. #8948
Patent Number**Inventor:** Mehmet YUNT et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

John S. Curran

PHONE: (617) 227-7400**Attorney Dkt. #:** MWS-087RCE**PAGES (Including Cover Sheet):** 27**CONTENTS:** Request for Continued Examination Transmittal (1 page in duplicate)
Fee Transmittal (1 page in duplicate)
Amendment (20 pages)
Request for Change of Attorney Docket Number (1 page)
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PTO/SB/97 (09-04)

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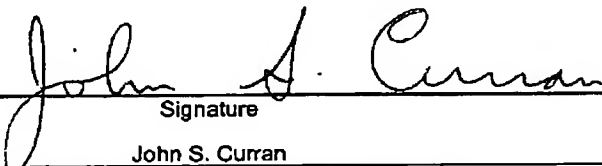
Application No. (if known): 10/733,789

Attorney Docket No.: MWS-087RCE

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John S. Curran

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50,445
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CENTRAL FAX CENTER

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JUN 25 2007

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/733,789-Conf. #8948
		Filing Date	December 10, 2003
		First Named Inventor	Mehmet YUNT
		Examiner Name	T. A. Vu
		Art Unit	2193
TOTAL AMOUNT OF PAYMENT (\$) 790.00		Attorney Docket No.	MWS-087RCE

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
							<u>Small Entity</u>
							<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 790.00							

SUBMITTED BY			
Signature	<u>John S. Curran</u>	Registration No. (Attorney/Agent)	50,445
Name (Print/Type)	John S. Curran	Telephone	(617) 227-7400
		Date	June 25, 2007

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Dated: June 25, 2007	Signature: <u>John S. Curran</u> (John S. Curran)

JUN 25 2007

PTO/SB/17 (08-07)

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
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2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
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Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- 20 =	x	=		Fee (\$) Fee Paid (\$)			
HP = Highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 =	x	=					
HP = Highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
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